

MONTANA BOARD OF CHIROPRACTORS
301 S PARK - FOURTH FLOOR #428
P. O. Box 200513
Helena, Montana 59620-0513
(406) 841-2393 FAX (406) 841-2305
E-MAIL dlibsdschi@state.mt.us
WEBSITE: <http://www.discoveringmontana.com/dli/bsd>

AGREEMENT OF CONDITIONS **FOR INTERNSHIP/PRECEPTORSHIP**

1. Chiropractic students entering into this agreement must work under the direct supervision and presence of a chiropractor licensed in the State of Montana.
2. The intern cannot sign insurance, Workers' Compensation claims, Medicare claims, or birth or death certificates as only licensed practitioners have this right.
3. The intern must follow all the laws and rules regarding the licensed practice of chiropractic. The preceptor acknowledges that he/she may be held responsible for any deviations from such legal practices. The intern acknowledges that such deviations may be grounds for termination of intern privileges as well as denial of licensure.
4. The intern is not a licensed chiropractor in the State of Montana and may not advertise as such. The intern must at all times hold himself/herself out to be an intern working under the supervision and license of the preceptor.

We the undersigned agree to the above conditions for serving an internship/preceptorship in the State of Montana.

INTERN _____ PHONE # _____
Print name

MAILING ADDRESS _____

INTERN SIGNATURE _____ DATE _____

PRECEPTOR _____ LIC# _____ PHONE # _____
Print name

MAILING ADDRESS _____

PRECEPTOR SIGNATURE _____ DATE _____